

## **SECTION 7**

# **TARGETED CASE MANAGEMENT RECORD-KEEPING AND AUDIT DOCUMENTATION**

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## TARGETED CASE MANAGEMENT CASE RECORD DOCUMENTATION

### Overview

TCM providers must fully document their claims. When TCM services are provided, the documentation must clearly demonstrate that the services were provided to Medi-Cal beneficiaries and that the services provided were covered under the TCM program. In addition, each Local Governmental Agency (LGA) must provide documentation of its compliance with all of the requirements for participation in the TCM program. Expenditures made on behalf of eligible recipients included in the target group must have an identifiable charge related to an identifiable service provided to a recipient.

### Client Case Record Documentation

Providers must maintain case records that indicate all contacts, including follow-up information and encounters with and on behalf of recipients. Case record documentation provides the primary support for billable TCM encounters. For audit purposes, the LGA must be able to specify the site where an individual client case record may be found at a later date. It is not necessary for the LGA to maintain duplicate records, providing the original records are available and easily accessible during a state or federal program review/audit.

The case manager notes or nursing notes in the case record must indicate the client characteristics that put the client in the defined target group and must prove that a client was eligible for TCM services on the date of service delivery. For billable TCM encounters, the case records must document the following information:

- The name of the recipient and his/her Medi-Cal number.
- The date of service.
- The name of the provider agency and the person providing the service.
- The nature and extent of the TCM service provided.
- The place of service delivery (e.g., home, office or agency).

A billable TCM encounter must include one or more of the six components of TCM. These components are a Documented Assessment, a Comprehensive Service Plan, Linkages and Consultation, Assistance in Accessing Services, Crisis Assistance Planning, and Periodic Review. The case manager's supervisor must approve, in writing, the Service Plan and subsequent amendments to the Service Plan resulting from the Periodic Review.

To substantiate compliance with the TCM program requirements, case record documentation must indicate that the required TCM time frames have been met. Two time frames are specified in the description of TCM services. TCM case managers must provide follow-up within 30 days of a scheduled service to which a client was referred, and a periodic review of the client's Service Plan must be done at least every six months.

The state and federal confidentiality rules apply to all TCM case documentation. Both DHS and CMS have legal access to all information germane to the administration of the federal Medicaid (Medi-Cal) program. All staff with access to such information are bound by the federal rules of confidentiality. The state and federal program reviewer/auditors have access to all information and documents that support a TCM claim.

**Encounter Log**

The encounter log is used to create the TCM invoice. The encounter log is to be used by each case manager to record the necessary information required to compile that program's claim for federal reimbursement. The encounter logs must be completed and forwarded to whomever is responsible for entering the data that will be used to generate the claim. The information required on the TCM encounter log includes:

- The client's name. (Also include the mother's name in the case of newborns.)
- The client's date of birth. (Also include the mother's date of birth in the case of newborns.)
- The client's Medi-Cal number, Beneficiary Identification Number, or Social Security number.
- The date of the TCM service (encounter).

- The name of the provider agency.
- The name or ID number of the case manager.

The encounter log does not supplant the need for the more detailed client case records described above.

For the purpose of developing the TCM Cost Report, it is necessary to maintain a list of all TCM encounters for both Medi-Cal and non-Medi-Cal clients. A separate log may be maintained to record encounters for clients for whom reimbursement will not be claimed through the TCM program.

**Performance  
Monitoring Plan**

Providers must develop and maintain a TCM Performance Monitoring Plan establishing a countywide system to assure non-duplication of services. The plan must also include protocols and procedures to ensure coordination and continuity of care among providers of TCM that is provided to beneficiaries who are eligible to receive case management services from two or more providers. This potential duplication of case management services reimbursed through a Medi-Cal and/or non-Medi-Cal payer may occur with, and is not limited to, the six TCM programs. LGAs that participate in and claim through the TCM program and other programs providing case management services must include in their Performance Monitoring Plans a description of the systematic controls that ensure non-duplication of TCM services.

When a client has more than one case manager, the case managers must not duplicate their efforts. In the instance where there are multiple case managers, it must be determined which of them will assume the role of lead case manager. The lead case manager will be responsible for communicating with the other case managers when developing, implementing, and monitoring a client's service plan. The case managers must communicate regularly, relative to the service needs of their mutual TCM client. The occurrence of double billing should be significantly reduced, if not eliminated.

<b>Fee Mechanism</b>	Providers must have an established fee mechanism specific to TCM services, which may include a sliding fee schedule based on income. The fee mechanism may vary by program.
<b>Freedom of Choice</b>	Case-record documentation of a TCM client's "freedom of choice" is not required. However, for audit purposes, the program should document that clients are aware of and understand their freedom of choice options. These options include free choice of providers of case management services.
<b>Position Descriptions/ Duty Statements</b>	A position description and/or duty statement for each classification of individuals performing TCM must be retained.
<b>Organizational Chart</b>	An organizational chart depicting all department programs, or subcontractors participating in TCM, must be retained. If the claiming unit is a subunit of a much larger department or umbrella agency, it is not necessary to have pages of the various subcharts; however, an overall organizational chart, depicting how the claiming unit fits into the total structure, is necessary.
<b>Contracts/ Memorandums of Understanding</b>	Copies of all signed contracts, MOUs, or lateral agreements including exhibits with the LGA, et al, for the TCM period of the claim must be retained. These contracts must include the TCM provider agreement with DHS.
<b>Time Survey</b>	<p>A listing of employees participating in each time survey must be maintained in the audit file.</p> <p>The original time survey must be included in the file to support the TCM claim; the time survey must be signed by the worker and the supervisor. To ensure accuracy, the time survey must be completed throughout the course of the day, not at the end of the day or at the end of the week. Time survey documents should be clean and legible; the staff person for whom time is being recorded should complete them, using his or her best judgment, based on the description of activities relative to TCM. Supervisors are not to make any corrections or alterations to the time surveys. When making corrections to time surveys, staff should not use white out; instead, use a single strikeout and initial the correction. Time surveys are legal documents.</p>

Copies of time cards for the time survey period, or documentation where they can be found, must be available during the record retention period (T.7-2-1).

**Cost Report and  
Supporting  
Documentation**

The Cost Report and all supporting documentation must be kept in the audit file.

## **TARGETED CASE MANAGEMENT RECORDS RETENTION**

All records supporting expenditures for TCM services will be retained in the LGA for a minimum of three (3) years after the end of the quarter in which the expenditures were incurred. If an audit is in progress, all records relevant to the audit will be retained until the completion of the audit or until the final resolution of all audit exceptions, deferrals, and/or disallowances.

All TCM records retained by the LGA must be maintained in a readily reviewable form in an audit file and organized by program. The records must be available to the state and federal government upon request in accordance with record retention requirements set forth under 42 Code of Federal Regulations (CFR), Section 433.32.

The LGA must retain the proper documentation to support the reported claim amounts. Agencies should keep the following materials in their audit file (this list is not all-inclusive).

- Organizational charts.
- Job/position descriptions and duty statements.
- Contracts for TCM services and descriptions of the specific and non-specific costs associated with these contracts.
- Time Surveys signed by the employee and the employee's supervisor.
- Copies of time cards for the time survey period of all staff participating in the time survey.
- TCM Encounter Logs.
- Descriptions of the method and rationale for projecting Medi-Cal encounters for each fiscal year.
- A certification statement signed by the Chief Financial Officer or TCM Program Administrator.
- A Working Trial Balance that reconciles the General Ledger to the TCM cost report.
- A General Ledger Account that demonstrates what accounts comprise each TCM Cost Report line.
- A copy of the Board-Approved Final Budget for the current fiscal year.
- Working papers justifying any adjustment to the TCM Cost Report.

- Supporting documentation for revenue adjustments.
- Working papers to support time survey reclassifications.
- Supporting documentation for known cost increases.
- Supporting documentation for adjustment to expenses.